

**SEEC FORM 30**

## Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2012



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Page 1 of 12

**COVER PAGE**

|  |  |  |                     |   |   |
|--|--|--|---------------------|---|---|
| 1. NAME OF COMMITTEE   |  |  |                     | 2. TYPE OF COMMITTEE  |   |
| <b>ARCE 2014</b>   |  |  |                     | <input checked="" type="checkbox"/> Candidate Committee<br><input type="checkbox"/> Exploratory Committee |   |
| 3. TREASURER NAME  |  |  |                     |   |   |
| First<br><b>Jeffrey</b>  |  | MI   | Last<br><b>King</b> |   | Suffix  |
| 4. TREASURER ADDRESS   |  |  |                     |   |   |
| Street Address<br><b>248-2 Richard St</b>  |  | City<br><b>Newington</b>   |                     | State<br><b>CT</b>  | Zip Code<br><b>06111</b>                          |
| 5. ELECTION DATE<br><b>11/04/2014</b>  |  | 6. OFFICE SOUGHT (Complete only if Candidate Committee)<br><b>State Representative</b> |                     |   | 7. DISTRICT NUMBER (if applicable)<br><b>R004</b> |
| 8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)  |  |  |                     |   |   |
| First<br><b>Angel</b>  |  | MI   | Last<br><b>Arce</b> |   | Suffix  |
| 9. TYPE OF REPORT<br><b>Termination Filing General Election Selected for SEEC Audit - Original</b>   |  |  |                     |   |   |
| 10. PERIOD COVERED   |  |  |                     |   |   |
| Beginning Date                      Ending Date<br><br><b>04/01/2015</b> thru <b>06/30/2015</b>  |  |  |                     |   |   |
| 11. CERTIFICATION  |  |  |                     |   |   |
| <input checked="" type="checkbox"/> I hereby certify and state, under penalties of false statement, that all of the information set forth on this <b>Itemized Campaign Finance Disclosure Statement</b> for the period covered is true, accurate and complete. |  |  |                     |   |   |
| <b>Electronic Filing</b><br>SIGNATURE  |  | <b>Jeffrey King</b><br>PRINT NAME OF THE SIGNER  |                     | <b>07/10/2015 4:04:17PM</b><br>DATE CERTIFIED   |   |
| <b>PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.</b>   |  |  |                     |   |   |

**SEEC FORM 30**

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised January 2012

**SUMMARY PAGE TOTALS**

| NAME OF COMMITTEE  | TYPE OF REPORT   |                       |
|--|--|-----------------------|
| <b>ARCE 2014</b>   | Termination Filing General Election Selected for SEEC Audit - Original |                       |
|  | COLUMN A<br>This Period  | COLUMN B<br>Aggregate |
| 12. Balance on hand from day Committee was formed  |  | <b>\$0.00</b>         |
| 13. Balance on hand at the beginning of Reporting Period                                     | <b>\$935.47</b>  |                       |
| 14. Contributions received from Individuals (Section A and B)                                | <b>\$0.00</b>  | <b>\$5,750.00</b>     |
| 15. Receipts from Other Committees (Sections C1 and C2)                                      | <b>\$0.00</b>  | <b>\$0.00</b>         |
| 16. Other Monetary Receipts (Section D through I)  | <b>\$0.00</b>  | <b>\$50.00</b>        |
| 17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)                      | <b>\$0.00</b>  | <b>\$0.00</b>         |
| 18. Total Monetary Receipts (add totals for lines 14 through 17)                             | <b>\$0.00</b>  | <b>\$5,800.00</b>     |
| 19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)      | <b>\$935.47</b>  | <b>\$5,800.00</b>     |
| 20. Expenses Paid by Committee (Section N)   | <b>\$1,113.52</b>  | <b>\$5,978.05</b>     |
| 21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both col) | <b>(\$178.05)</b>  | <b>(\$178.05)</b>     |
| 22. In-Kind Donations not Considered Contributions Received (Section J3)                     | <b>\$0.00</b>  | <b>\$0.00</b>         |
| 23. In-Kind Contributions Received (Section K)   | <b>\$0.00</b>  | <b>\$0.00</b>         |
| 24. Refundable Deposit to Telephone Company (Section L)                                      | <b>\$0.00</b>  | <b>\$0.00</b>         |
| 25. Receipts of Organization Expenditures (Section M) OPTIONAL                               | <b>\$0.00</b>  | <b>\$0.00</b>         |
| 26. Beginning Loan Balance   | <b>\$0.00</b>  |                       |
| 26a. + Loans Received (Section D)  | <b>\$0.00</b>  | <b>\$0.00</b>         |
| 26b. + Interest and Penalties on Loan(s)   | <b>\$0.00</b>  | <b>\$0.00</b>         |
| 26c. - Payments on Loan(s)   | <b>\$0.00</b>  | <b>\$0.00</b>         |
| 26d. Total Outstanding Loan Amount   | <b>\$0.00</b>  |                       |
| 27. Campaign Expenses Paid By Candidate (Section O)  | <b>\$0.00</b>  | <b>\$0.00</b>         |
| 28. Expenses Incurred on Committee Credit Card (Section P)                                   | <b>\$0.00</b>  | <b>\$0.00</b>         |
| 29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)               | <b>\$0.00</b>  |                       |
| 29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)               | <b>\$0.00</b>  |                       |

**I. MONETARY RECEIPTS (Section A-I)**

|   |  |  |  |
|---|--|--|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)         |  | TYPE OF REPORT   |  |
| ARCE 2014   |  | Termination Filing General Election Selected for SEEC Audit - Original |  |
| <b>A. Total Contributions from Small Contributors-Received this Period ONLY</b> |  | For Nonparticipating Candidates ONLY                                   |  |
| <b>B. Itemized Contributions from Individuals</b>                               |  |  |  |

|   |             |   |   |               |                        |
|---|-------------|---|---|---------------|------------------------|
| Last Name   |             | First   |   | MI            | Contribution ID #      |
| Residential Street Address  |             | City  |   | State         | Zip Code               |
| Principal Occupation  |             |   | Name of Employer  |               |                        |
| Is contributor a principal of a state contractor or prospective state contractor?<br>Yes      No<br>If yes, indicate which branch or branches of government the contract is with:<br>Executive      Legislative |             |   | Is contributor a lobbyist, spouse, or dependent child of a lobbyist?<br>Yes      No |               | Amount of Contribution |
| Is this contribution associated with a fundraising event listed in Section J1?  | Yes      No | Method of contribution:<br>Cash      Personal Check<br>Money Order      Credit/Debit Card |   | Date Received |                        |
| If yes, list Event #  |             | Aggregate Contributions   |   |               |                        |

|  |  |  |  |
|--|--|--|--|
| <b>Total of Section B</b>  |  |  |  |
| <b>TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS</b> (Sections A + B) (Total on Line 14 of Summary Page) |  |  |  |

**I. MONETARY RECEIPTS (Section A-I)**

|   |       |   |                         |
|---|-------|---|-------------------------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) |       | TYPE OF REPORT  |                         |
| ARCE 2014   |       | Termination Filing General Election Selected for SEEC Audit - Original  |                         |
| <b>C1. Contributions from Other Committees</b>                          |       |   |                         |
| Name of Committee   |       | Name of Treasurer   |                         |
| Address   |       | Is this contribution associated with a fundraising event listed in Section J1?<br>Yes      No<br>If yes, list Event # |                         |
| City  | State | Zip Code  | Amount of Contribution  |
|   |       | Date Received   | Aggregate Contributions |
| <b>Total of Section C1</b>  |       |   |                         |

**I. MONETARY RECEIPTS (Section A-I)**

|   |       |          |  |  |                   |
|---|-------|----------|--|--|-------------------|
| NAME OF COMMITTEE   |       |          |  | TYPE OF REPORT   |                   |
| ARCE 2014   |       |          |  | Termination Filing General Election Selected for SEEC Audit - Original |                   |
| <b>C2. Reimbursements, Payments, or Surplus Distributions from other Committees</b> |       |          |  |  |                   |
| Name of Committee   |       |          | Name of Treasurer  |  |                   |
| Address   |       |          |  | Date Received  | Amount of Receipt |
| City  | State | Zip Code | Reimbursement for shared expense<br>Payment for goods and services |  |                   |
| <b>Total of Section C2</b>  |       |          |  |  |                   |

**I. MONETARY RECEIPTS (Section A-I)**

|  |      |                 |           |  |                 |
|--|------|-----------------|-----------|--|-----------------|
| NAME OF COMMITTEE                          |      |                 |           | TYPE OF REPORT   |                 |
| ARCE 2014                                  |      |                 |           | Termination Filing General Election Selected for SEEC Audit - Original |                 |
| <b>D. Loans Received this Period</b>       |      |                 |           |  |                 |
| Name of Lender                             |      | Source of Loan: |           |  | Date of Receipt |
|  |      | Bank            | Candidate | Individual   | Other           |
| Street Address                             | City | State           | Zip Code  | Is there a cosigner or Guarantor of this loan?                         |                 |
|  |      |                 |           | Yes  | No              |
| Name of Cosigner/Guarantor (if applicable) |      |                 |           | <b>Amount Received</b>   |                 |
| Street Address                             | City | State           | Zip Code  |  |                 |
| <b>Total of Section D</b>                  |      |                 |           |  |                 |

**I. MONETARY RECEIPTS (Section A-I)**

|  |                   |                |                   |  |  |
|--|-------------------|----------------|-------------------|--|--|
| NAME OF COMMITTEE  |                   |                |                   | TYPE OF REPORT   |  |
| ARCE 2014  |                   |                |                   | Termination Filing General Election Selected for SEEC Audit - Original |  |
| <b>E. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)</b> |                   |                |                   |  |  |
| Date of Receipt  | Method of Payment |                |                   | Amount   |  |
|  | Cash              | Personal Check | Credit/Debit Card |  |  |
| <b>Total of Section E</b>  |                   |                |                   |  |  |

**I. Monetary Receipts (Section A-I)**

|   |      |       |  |        |
|---|------|-------|--|--------|
| NAME OF COMMITTEE                                       |      |       | TYPE OF REPORT   |        |
| ARCE 2014   |      |       | Termination Filing General Election Selected for SEEC Audit - Original |        |
| <b>G. Interest from Deposits in Authorized Accounts</b> |      |       |  |        |
| Name of Institution                                     |      |       | Date Received  | Amount |
| Street Address  | City | State | Zip Code   |        |
| <b>Total of Section G</b>                               |      |       |  |        |

**I. MONETARY RECEIPTS (Section A-K)**

|  |                  |              |  |                  |
|--|------------------|--------------|--|------------------|
| NAME OF COMMITTEE  |                  |              | TYPE OF REPORT   |                  |
| ARCE 2014  |                  |              | Termination Filing General Election Selected for SEEC Audit - Original |                  |
| <b>H. Public Grant Funds Received from the Citizens' Election Fund</b> |                  |              |  |                  |
| Purpose of Grant:  |                  | Grant Cycle: | Date Received  | Amount           |
| Initial  | Grant Adjustment | Primary      | General Election   | Special Election |
| Supplemental/Post Election Deficit                                     |                  |              |  |                  |
| <b>Total of Section H</b>  |                  |              |  |                  |

**I. MONETARY RECEIPTS (Section A-K)**

|  |      |       |  |                 |
|--|------|-------|--|-----------------|
| NAME OF COMMITTEE  |      |       | TYPE OF REPORT   |                 |
| ARCE 2014  |      |       | Termination Filing General Election Selected for SEEC Audit - Original |                 |
| <b>I. Miscellaneous Monetary Receipts not Considered Contributions</b> |      |       |  |                 |
| Name   |      |       | Date of Transaction  | Amount Received |
| Street Address   | City | State | Zip Code   |                 |
| Description  |      |       |  |                 |
| <b>Total of Section I</b>  |      |       |  |                 |

**II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)**

|   |                       |   |                   |
|---|-----------------------|---|-------------------|
| NAME OF COMMITTEE   |                       | TYPE OF REPORT  |                   |
| ARCE 2014   |                       | Termination Filing General Election Selected for SEEC Audit - Original  |                   |
| <b>J1. Fundraising Event Information</b>  |                       |   |                   |
| Fundraising Event #<br>Date of Fundraiser   | Description<br>Letter |   |                   |
| Location: Street Address  |                       | City  | State<br>Zip Code |
| Was this fundraising event hosted at a personal residence?  | Yes<br>No             | if yes, go to Section J3 In-Kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations. |                   |
| Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?         | Yes<br>No             | If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.  |                   |
| Subpart 1:<br>Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100? | Yes<br>No             | (If yes, enter Total Receipts here.)  |                   |
| <b>Total of Section J1</b>  |                       |   |                   |

**II. FUNDRAISING EVENT ACTIVITY (Sections J1 - J3)**

|  |   |  |   |
|--|---|--|---|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)    |   | TYPE OF REPORT   |   |
| ARCE 2014  |   | Termination Filing General Election Selected for SEEC Audit - Original |   |
| <b>J3. In-Kind Donations Not Considered Contributions</b>                  |   |  |   |
| Name of the Donor  |   |  |   |
| Street Address   |   | City   | State<br>Zip Code   |
| Donation Given by:<br>Individual<br>Business Entity<br>Sole Proprietorship | Description of Donation<br>Date Received<br>Event # |  | Fair Market Value of Donation<br>Aggregate value for this event |
| <b>Total of Section J3</b>   |   |  |   |

**III. NONMONETARY RECEIPTS (Sections K - M)**

| NAME OF COMMITTEE | TYPE OF REPORT   |
|-------------------|--|
| ARCE 2014         | Termination Filing General Election Selected for SEEC Audit - Original |

**K. In-Kind Contributions**

|   |               |   |  |
|---|---------------|---|--|
| Name  |               |   |  |
| Street Address  |               | City  | State Zip Code                         |
| Is this contribution associated with a fundraising event listed in Section J1?<br>If yes, list Event# | Yes<br>No     | Description of In-Kind Contribution   |  |
| Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?                                  | Yes<br>No     | Is contributor a principal of a state contractor or prospective state contractor?<br>If yes, indicate which branch or branches of government the contract is with:<br>Executive Legislative | Fair Market Value of this Contribution |
| Type of Contributor:  | Date Received | Aggregate contributions   |  |
| Individual Committee Sole Proprietorship  |               |   |  |

**Total of Section K****III. Non Monetary Receipts (Sections K - M)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT   |
|---|--|
| ARCE 2014   | Termination Filing General Election Selected for SEEC Audit - Original |

**L. Refundable Deposit to Telephone Company**

|                            |            |       |                   |
|----------------------------|------------|-------|-------------------|
| Last Name of Individual    | First Name | MI    | Date Deposit Made |
| Residential Street Address | City       | State | Zip Code          |
| Name of Telephone company  |            |       |                   |
| Street Address             | City       | State | Zip Code          |

**Total of Section L**

### III. NONMONETARY RECEIPTS (Sections K - M)

| NAME OF COMMITTEE | TYPE OF REPORT  |
|-------------------|---|
| ARCE 2014         | Termination Filing General Election Selected for<br>SEEC Audit - Original |

#### M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee - OPTIONAL See Public Act 11-48

|   |       |  |                      |                                     |
|---|-------|--|----------------------|-------------------------------------|
| Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY) |       |  | Name of Treasurer    |                                     |
| Street Address  |       |  | Date Notice Received | Fair Market<br>Value of<br>Donation |
| City  | State | Zip Code   | Aggregate Donations  |                                     |
| Description of Donation   |       | Purpose of Expenditure<br>A      B      C      D |                      |                                     |
| <b>Total of Section M</b>   |       |  |                      |                                     |



**IV. EXPENDITURES (Sections N - S)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT   |
|---|--|
| ARCE 2014   | Termination Filing General Election Selected for SEEC Audit - Original |

**N. Expenses Paid By Committee**

|   |   |                                  |   |                   |
|---|---|----------------------------------|---|-------------------|
| Name of Payee<br>Santander Customer Service Center  |   | Date of Payment<br>04/01/2015    | Method of Payment<br><input type="checkbox"/> Check #<br><input type="checkbox"/> Debit Card                        |                   |
| Street Address<br>Santander Way RI1 Evp 02 23   |   | City<br>East Providence          |   | State<br>RI       |
| Purpose of Expend<br>BNK  | Description<br>Monthly Maintenance Fee                              |                                  |   | Amount            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum |   | Expenditure #<br>(if applicable) | Event #   | \$15.00           |
| Name of Payee<br>Jeffrey King   |   | Date of Payment<br>04/17/2015    | Method of Payment<br><input checked="" type="checkbox"/> Check # <u>1022</u><br><input type="checkbox"/> Debit Card |                   |
| Street Address<br>248-2 Richard   |   | City<br>Newington                |   | State<br>CT       |
| Purpose of Expend<br>CNSLT  | Description<br>Final Fee for Services Payment - Accounting Services |                                  |   | Amount            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, assign an Expenditure # and complete Itemization in Addendum            |   | Expenditure #<br>(if applicable) | Event #   | \$1,098.52        |
| <b>Total of Section N</b>   |   |                                  |   | <b>\$1,113.52</b> |

**IV. EXPENDITURES (Sections N - S)**

|   |             |      |  |                 |   |  |
|---|-------------|------|--|-----------------|---|--|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) |             |      |  |                 | TYPE OF REPORT  |  |
|   |             |      |  |                 | Termination Filing General Election Selected for<br>SEEC Audit - Original |  |
| <b>O. Expenses Paid By Candidate</b>                                    |             |      |  |                 |   |  |
| Name of Payee (Name of vendor who candidate paid directly)              |             |      |  | Date of Payment |   | Is Reimbursement Claimed?<br>Yes                      No |
| Street Address  |             | City |  | State           | Zip Code  | Amount   |
| Purpose of Expenditure<br>(by code)                                     | Description |      |  | Event #         |   |  |
|   |             |      |  |                 |   |  |
| <b>Total of Section O</b>   |             |      |  |                 |   |  |

**IV. EXPENDITURES (Sections N - S)**

|  |             |           |                                  |  |   |          |
|--|-------------|-----------|----------------------------------|--|---|----------|
| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)                      |             |           |                                  |  | TYPE OF REPORT  |          |
| ARCE 2014  |             |           |                                  |  | Termination Filing General Election Selected for<br>SEEC Audit - Original |          |
| <b>P. Expenses Incurred on Committee Credit Card</b>   |             |           |                                  |  |   |          |
| Name of Issuing Institution  |             |           |                                  | Type of Credit Card:<br><div> <input type="checkbox"/> Visa      <input type="checkbox"/> Master Card      <input type="checkbox"/> Discover      <input type="checkbox"/> American Express<br/> <input type="checkbox"/> Other </div> |   |          |
| Name of Vendor   |             |           |                                  |  | Date of Transaction   |          |
| Street Address   |             |           | City                             |  | State   | Zip Code |
| Purpose of Expenditure<br>(by code)  | Description |           |                                  |  | Amount  |          |
| Is this expenditure coordinated with another candidate for<br>which reimbursement is sought? |             | Yes<br>No | Expenditure #<br>(if applicable) | Event #  |   |          |
| If yes, assign an Expenditure # and complete Itemization in Addendum                         |             |           |                                  |  |   |          |
| <b>Total of Section P</b>  |             |           |                                  |  |   |          |

**IV. EXPENDITURES (Sections N - S)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT   |
|---|--|
| ARCE 2014   | Termination Filing General Election Selected for SEEC Audit - Original |

**Q. Expenses Incurred By Committee but Not Paid During this Period**

|  |             |                               |                                      |
|--|-------------|-------------------------------|--------------------------------------|
| Name of Creditor   |             | Date Incurred                 |                                      |
| Street Address   | City        | State                         | Zip Code                             |
| Purpose of Expenditure (bv code)   | Description |                               | Amount Incurred (Estimate or Actual) |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <span style="float: right;">Yes</span><br><span style="float: right;">No</span><br>If yes, assign an Expenditure # and completes Itemization in Addendum Q |             |                               |                                      |
|  |             | Expenditure # (if applicable) | Event #                              |

**Total of Section Q****IV. EXPENDITURES (Sections N - S)**

| NAME OF COMMITTEE (Provide Complete Name as Registered with Commission) | TYPE OF REPORT   |
|---|--|
| ARCE 2014   | Termination Filing General Election Selected for SEEC Audit - Original |

**R. Itemization of Reimbursements to Committee Workers and Consultants**

|  |             |                               |                 |                   |
|--|-------------|-------------------------------|-----------------|-------------------|
| Last Name of Worker/Consultant   | First       | MI                            | Date of Payment | Method of Payment |
|  |             |                               |                 | Check #           |
|  |             |                               |                 | Debit Card        |
| Secondary Payee  |             |                               |                 |                   |
| Street Address   |             | City                          |                 | State             |
|  |             |                               |                 | Zip Code          |
| Purpose of Expenditure (by code)   | Description |                               |                 | Amount            |
| Is this expenditure coordinated with another candidate for which reimbursement is sought? <span style="float: right;">Yes</span><br><span style="float: right;">No</span><br>If yes, assign an Expenditure # and completes Itemization in Addendum R |             |                               |                 |                   |
|  |             | Expenditure # (if applicable) | Event #         |                   |

**Total of Section R**

**IV. EXPENDITURES (Sectuibs N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

TYPE OF REPORT

ARCE 2014

Termination Filing General Election Selected for SEEC  
Audit - Original**S. Surplus Distribution of Equipment and Furniture**

Name of Recipient

Street Address

City

State

Zip Code

Original Purchase  
Amount of Item

Description of Item

**Total of Section S**